

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	①	5-18-93
TYPIST	432	5-19-93
VERIFIER	322	5-20-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
Final Original	
1	93
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37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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SYMBOLS

✓ ..... Rejected

..... Allowed

- (Through numeral) Canceled

+ ..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected